

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Derek Rosser

Write the full name of each plaintiff.

17CV2396

No.  
(To be filled out by Clerk's Office)

-against-

Santti-Arentis

DR. James Heirvaux

Detective Phillip Atkins Shield #3789

NARCO Freedom Methadone Clinic

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

Yes  No

2017 APR -3 PM 3:30 PM  
RECEIVED  
SOUTHERN DISTRICT COURT  
NEW YORK

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights  
 Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Derek H. Rosser

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-15-12908 OR [REDACTED]

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island C-95 A.M.K.C.

Current Place of Detention

18-18 Hazen St. East Elmhurst N.Y. 11370

Institutional Address

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced prisoner  
 Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>Ambien manufacturer</u>		
First Name	Last Name	Shield #
<u>SANDOZ - Aventis</u>		
Current Job Title (or other identifying information)		
<u>55 Corporate Drive</u>		
Current Work Address		
<u>Bridge Water N.J. 08807</u>		
County, City	State	Zip Code

Defendant 2:

<u>Jane Herinaux</u>		
First Name	Last Name	Shield #
<u>Doctor</u>		
Current Job Title (or other identifying information)		
<u>New York Psycho Therapy Counseling Center</u>		
Current Work Address		
<u>579 Courtlandt Ave Bx.N.Y. 10451</u>		
County, City	State	Zip Code

Defendant 3:

<u>Phillip Atkins</u>		
First Name	Last Name	Shield #
<u>Police Officer</u>		
Current Job Title (or other identifying information)		
<u>13th Precinct N.Y. N.Y.</u>		
Current Work Address		

Defendant 4:

<u>Medical staff at Narco Freedom</u>		
First Name	Last Name	Shield #
<u>Methadone Clinic</u>		
Current Job Title (or other identifying information)		
<u>138th St. Grand Concourse</u>		
Current Work Address		
<u>Bx N.Y.</u>		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 14<sup>th</sup> St 7<sup>th</sup> Ave. N.Y. N.Y.

Date(s) of occurrence: 11-11-2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On the above date at 10:00 p.m. I was charged with attempt Robbery in the second degree as a result of my prescribed medications, Methadone & Ambien/Zolpidem. The Zolpidem was prescribed by DR. James Heiriaux. I was referred to him by my methadone program as a result of mixing Methadone with XANAX another Benzoid that landed me in a psyche ward. This Benzoid landed me in jail with no memory of the above events. And brought to Belkue Hospital as a result of being beaten up by Detective Phillip Atkins #3789 and his partner. I was not informed of the adverse effects of combining Zolpidem & Methadone. And as a result of combining the two I now lay in jail since Nov. 11<sup>th</sup> 2015.

[Redacted]

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Beaten by arresting officer, received Head  
injuries as well as emotional & psychological  
injuries as and I can't recall anything about  
the details of this case

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

\$100 million & freedom of mind knowing that  
there is some form of Justice out here

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

2-23-17

Dated

Derek Rosser

Plaintiff's Signature

Derek H. Rosser

First Name

Middle Initial

Last Name

18-18 HAZEN STREET

Prison Address

East Elmhurst New York 11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_